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ABSTRACT

The role of home economics education in serving mainstreamed handicapped children is examined. In the first section, implications of mainstreaming for home economics teachers are addressed in terms of helping students develop independence. Suggestions for teaching mainstreamed students are briefly discussed. A second section deals with attitudes toward disabled and handicapped students and includes information on causes and effects of disabilities. Listings of resources and agencies conclude the document. (CI)

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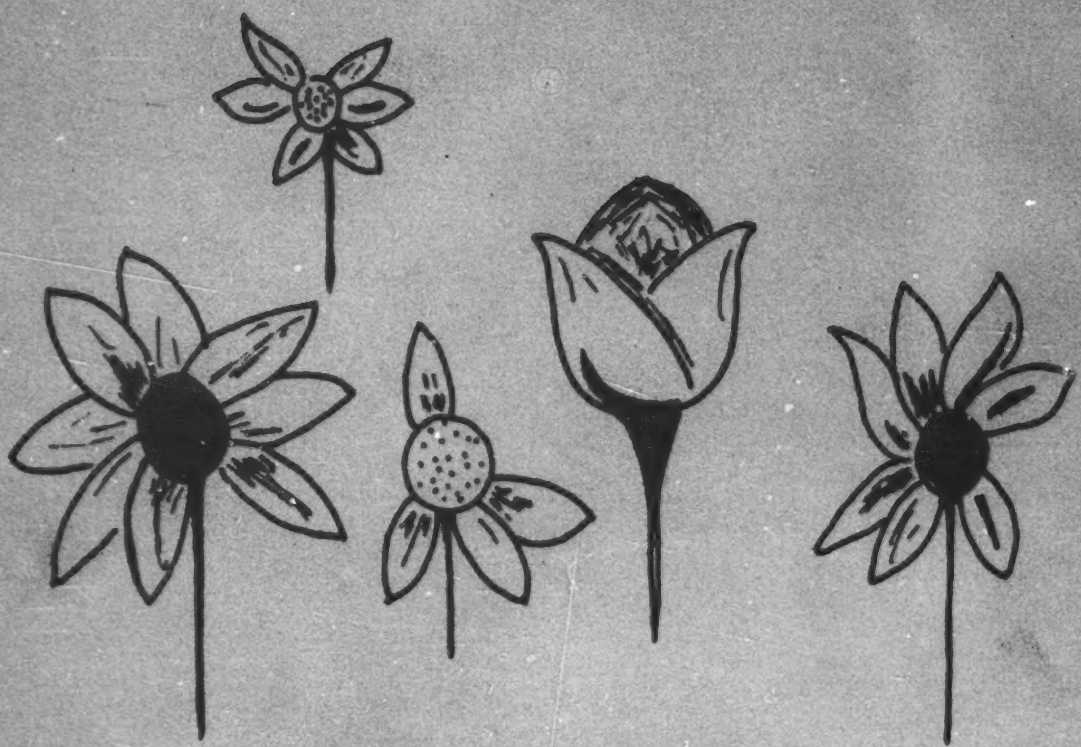
THE HANDICAPPED: OUR MISSION

by
Sharon Smith Redick
and
Kathaleen M. Lazzell



Home Economics Education Association
Annual Meeting
1978

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The Home Economics Education Association is an organization of home economics educators and others associated with or interested in home economics instruction in schools and colleges. It strives to help home economics promote a better understanding of family and community life, to improve the quality of home economics instruction, and to broaden the scope of the curriculum.

To achieve these goals, HEEA promotes effective programs of home economics education, supplements existing services available to home economics educators, cooperates with other associations in related fields, and publishes materials of interest to educators.

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II

FOREWARD

Although home economics educators have previously served students with special needs, the several laws related to handicapped learners may present new challenges in educational programs. According to the Education for All Handicapped Children Act of 1975, all handicapped persons from ages 3 to 18 are to have access to free and appropriate public education as of September 1, 1978. This could mean an increase in the number and variety of special needs learners in home economics classrooms throughout the country.

As mainstreaming increasingly becomes a reality how ready are most educators to face the special needs of the handicapped or the disabled? How does one begin to meet the needs of blind students or those in wheelchairs? It is toward these and other general questions that the materials in this publication are directed.

These materials were prepared with the intention of providing an orientation and starting point for educators who have concern for handicapped learners. In addition, selected resources and agencies have been listed for use in seeking specific answers to specific questions. Hopefully, the ideas and suggestions presented in this publication will serve as a useful reference as we enter another period of educational change.

The Home Economics Education Association is deeply indebted to and greatly appreciative of Sharon Smith Redick and Kathaleen M. Lazzell for their contributions of time and effort devoted to sharing their expertise. We are also grateful to Therese Vogel for her assistance in typing and binding the material.

Alberta M. Dobry
President, 1977-79

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MAINSTREAMING: THE ROLE OF HOME ECONOMICS EDUCATION

Sharon Smith Redick

One of the most dramatic movements in education that has occurred during the past decade, and that is continuing with a positive force, concerns education for handicapped persons. With the passage of Public Law 94-142 and Section 504 of the Rehabilitation Act of 1973 handicapped persons now have the legal right to a free public education in a setting that is most appropriate for an individual's unique needs.

Mainstreaming

A major thrust of this legislation is to provide educational programs where handicapped students can be placed in settings with non-handicapped peers; a policy known as mainstreaming. As mainstreaming gains momentum more and more handicapped students who have previously been educated in isolated, segregated settings will join their peers in regular classrooms. The benefits of the mainstreaming movement can be immense. In many cases, handicapped students will now be able to live with their families in home communities rather than attending a residential school designed for students with a particular handicap. Non-handicapped students will have the opportunity to learn with and learn from their handicapped classmates. The ultimate cost of education for handicapped students may be reduced as their need for full-time special services diminishes. As more handicapped persons are provided with education more will join the work force and leave welfare status. Thus, the mainstreaming movement will indeed make an impact. That is, if the movement works--and it is more likely to work if educators, parents, community members, and the students themselves strive together to make it an effective movement.

Home economics teachers have a vital role to play in the mainstreaming movement. One of the first classes in which handicapped students will be placed with non-handicapped peers is home economics. If they find success there, other classes may then be added. Thus, if the home economics teacher plays a leading role in the mainstreaming movement, it is essential to be well prepared academically and attitudinally to accept these students and help them achieve success.

Understanding Needs

Home economics teachers have indicated that an understanding of the educational needs of handicapped students is a prerequisite to successful teaching in the mainstreamed classroom (Redick, 1974). Administrators and teachers identified six areas of educational needs for handicapped students while pointing out that the degree of need would vary according to individuals (Redick, 1976). Because many handicapped students have had limited opportunities to socialize there is a need to develop socialization skills. In home economics classes these skills can be promoted by providing group interaction and group activities that provide an opportunity to practice social skills. Instruction can be given in social skills and students can be encouraged to participate in co-curricular activities such as FHA/HERO.

Many handicapped students experience more failure than success, thus, there may be a need to help foster a more positive self-concept. Sequencing learning activities from simple to complex dimensions and building in success factors along the way can help students to see themselves in a new light. Helping students to develop skills and increase their independence is a direct way to build positive self-images. Many handicapped students are deprived of daily living activities that others take for granted. For example, imagine a fifth grade class of handicapped students where not one had ever been in a grocery store or a ninth grade student who had never been allowed in the family's kitchen. Home economics teachers have a unique opportunity to build experiences of daily living into the curricula through field trips, community activities, and other extended learnings.

Developing Independence

A primary goal for handicapped persons is to gain the maximum degree of independence that their handicap will allow. Through home economics, students can learn skills such as management of resources, food planning and preparation, clothing selection and laundry techniques, home design and care, and other skills that can indeed

permit more independence. Independence for the handicapped person also includes a vocation. In home economics the student can develop pre-vocational skills that are prerequisites to job training. Encouraging time management and promptness while developing the ability to think critically, make decisions, organize, and follow through ultimately help that student increase the readiness for job training. Many handicapped persons find success in home economics related occupations (HERO). In home economics, students can be introduced to career opportunities as well as be trained for specific home economics related occupations, thus helping them develop vocational skills.

Awareness of these needs, that is, development of socialization skills, positive self-image, daily living activities, independence, pre-vocational and vocational skills can help the teacher prepare and implement curriculum that can promote success for all students in the classroom.

Guidelines for Teaching

While an awareness of the student's educational needs is paramount to success some practical guidelines can also be helpful to home economics teachers. The following guidelines have been recommended by effective teachers of handicapped students (Redick, 1976).

Identify. If at all possible identify the handicapped students who will be enrolled in the classroom prior to meeting the class for the first time.

Conference. Conferencing with each handicapped student prior to class can help the teacher begin to establish rapport as well as provide an opportunity to gather pertinent data. At this time the teacher can learn more about the student's functional ability and what previous experiences that student may have had in home economics related activities in the home.

Tour. Before the class meets allow the handicapped student to tour the home economics facilities to determine accessibility. This is particularly important for the physically handicapped student using a wheel chair and the blind student.

Learn handicapping conditions. Become familiar with the student's handicapping condition by reading and conferencing with the family and school personnel. The most important information to obtain is how the handicapping condition affects this particular student. This includes the student's acceptance of the condition and the degree of functional ability. It is best to stress the student's abilities rather than the disability.

Prepare the non-handicapped students. If the handicapped student is new to the school it may help the non-handicapped students to discuss the handicapping condition. This is considered by some teachers as emphasizing the differences rather than the similarities among students, but others have found it to be a positive experience for all. This activity is particularly recommended if it is found in the previous steps that the handicapped student is willing to discuss the handicapping condition.

Accept. Accept and respect the handicapped student as a person in his/her own right, a unique individual, as is every student in the class. It is important to recognize individuality among similarly handicapped students.

Avoid over-protection. Try not to be over-protective of the handicapped student, yet conscious of individual needs. It is essential that safety factors be considered.

Adapt tasks. Most handicapped students can participate in all home economics activities but some tasks may require adaptation. When this is necessary ask the student for suggestions, having lived with the handicap the student may have previously made adjustments for similar situations. If the teacher can provide a motivational learning environment the student can usually find a way to do the task.

Provide time. Time is a primary factor. Because of the nature of many handicapping conditions students usually require more time to complete a task. Try developing flexible time schedules that will allow each student the time needed. This may require cooperation from other teachers and administrators.

Encourage independence. Sometimes it will be easier to do a task for the handicapped students rather than teaching the students to do

the task themselves or permitting the time needed. Try to avoid falling into this trap. Encourage independence by allowing each student time to develop individual skills.

Use resources. While materials and resources designed for use with the handicapped student in the mainstreamed classroom are limited more are appearing on the market. The use of such resources can save valuable teacher time.

Review classroom management. Experiment with various models of classroom organization that will free the teacher to serve those students who require the most help. Various combinations of large group and small group instruction and independent study can be effective.

Seek help. Be aware of and seek help from qualified consultants. Handicapping conditions call for the help of many professional groups, such as medical personnel and therapists and well as psychological, vocational and educational personnel. Each of these professionals can help the teacher be more effective in planning and implementing educational programs. Information from these consultants may mean the difference between success and failure for the handicapped student.

As handicapped students enter the mainstream of education, home economics teachers have a unique opportunity to help them gain independence and function at their maximum level. The very nature of the home economics content, activities, and learning environment make it a vital educational program for all students. For the handicapped student it can change dependence into independence in daily living.

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ABILITY--NOT DISABILITY

Kathaleen M. Lazzell

What do the words disability and handicap mean to you? Are the meanings the same? Many people use the two words disability and handicap interchangeably and do not realize that there is a difference. A disability is a disease, injury, or birth defect that can be diagnosed by a doctor. However, a handicap is a physical or mental limitation due to a disability which impairs or restricts one or more major activities of life such as walking, seeing, hearing, speaking, working, or learning. A disabled individual may or may not be handicapped. An illustration of the difference between a disability and a handicap follows.

> Two people lose a finger while repairing a lawn mower. The first person is a construction worker and drives a bulldozer for a living. The loss of a finger is a disability but it does not interfere with the ability to function properly on the job. The second person, however, is a pianist and considers the loss of a finger not only to be a disability but a handicap as well since playing the piano for a living is no longer possible.

Another word that is often heard in connection with disabled and handicapped individuals is rehabilitation. Rehabilitation is the process of restoring handicapped individuals to the fullest physical, mental, social, vocational, and economic usefulness of which they are capable.

Basic Assumptions

Two basic assumptions which provide a basis for the present philosophy of rehabilitation include the following:

1. Every member of a democratic society has an inherent right to the opportunity to earn a living and make a contribution to society.
2. Society has the obligation to equalize, as best it can by special services, the disabled person's opportunity to earn a living equal to the opportunity possessed by the non-disabled members of society.

These underlying assumptions are particularly important in American society due to the independence that is sought. Rehabilitation is intended to prevent dependency whenever possible.

Trends

Current trends in rehabilitation today are revealed in the following terms and their definitions:

1. Mainstreaming. Mainstreaming deals with providing handicapped students with an education in the learning setting that is best suited to their needs, including the regular classroom.
2. Deinstitutionalization. The trend toward deinstitutionalization involves moving handicapped individuals out of institutions and back into the community so that they may become useful members of society.
3. Early intervention. Early intervention focuses on the identification of services that are needed by handicapped individuals as soon as possible. This is particularly important when dealing with services for children.

Attitudes

Attitudes toward handicapped individuals have been frequently based on misconceptions. Stories throughout history have often identified handicapped members of a society as either godlike or tools of the devil. For example, the blind were often thought to be marked by God, and epileptics were thought to be possessed by demons.

Attitudes toward the handicapped in our society today still span a wide range. At one extreme are those individuals who see the handicapped as being no different from "normal" people. The other extreme is seen in individuals who have strong prejudices toward the handicapped.

Some of today's prejudice stem from the continuation of previously established social customs and norms, and on-going child rearing practices that stress normalcy. The reawakening of previous childhood

fears when coming in contact with handicapped individuals creates unconscious prejudice. The unacceptance on the part of handicapped individuals toward their condition continues to perpetuate prejudice.

When an individual stresses the disability or the difference between handicapped and normal people, the individual has an attitude toward the handicapped that is much like attitudes held toward a minority group. On the other hand, if the abilities of the handicapped are stressed by an individual, the attitude toward the handicapped is much more likely to be the same as toward all other people in general.

Individuals who perceive the disabled as basically the same as the non-disabled will probably agree with the statement that President Kennedy made in his 1962 state of the Union address concerning rehabilitation. He indicated that we should provide services instead of support, provide rehabilitation instead of relief, and provide training instead of dependency.

WHO are the Handicapped?

According to the 1970 Census, approximately 12 million people in the United States between the ages of 16 and 64 are disabled or handicapped. Each year 450,000 disabled or handicapped persons enter the group who need vocational rehabilitation.

The average income of a handicapped individual is approximately $1,000 below the average income for all United States citizens. Thirty-six percent of all handicapped individuals are at the poverty level while only twenty percent of the general population are at this level. This is not surprising when the fact is recognized that the number of individuals in the United States who do not have an education above the eighth grade level is 14% more for the handicapped than the non-handicapped.

What are the Causes of Disabilities?

Chronic diseases, such as arteriosclerosis (hardening of the arteries), polio, tuberculosis (TB), multiple sclerosis (MS), epilepsy, diabetes, cancer, cerebral palsy (CP), arthritis, various eye disorders 88%

Occupational accidents 5%

Home, highway, and all other accidents including sports and recreation 5%

Congenital conditions such as blindness and birth defect including missing limbs 2%

For women the five major disability categories include the following:

1. Cardiovascular diseases
2. Arthritis
3. Tuberculosis
4. Hemiplegia
5. Other orthopedic disabilities (amputation, paraplegia)

What are the Effects of a Disability on the Family?

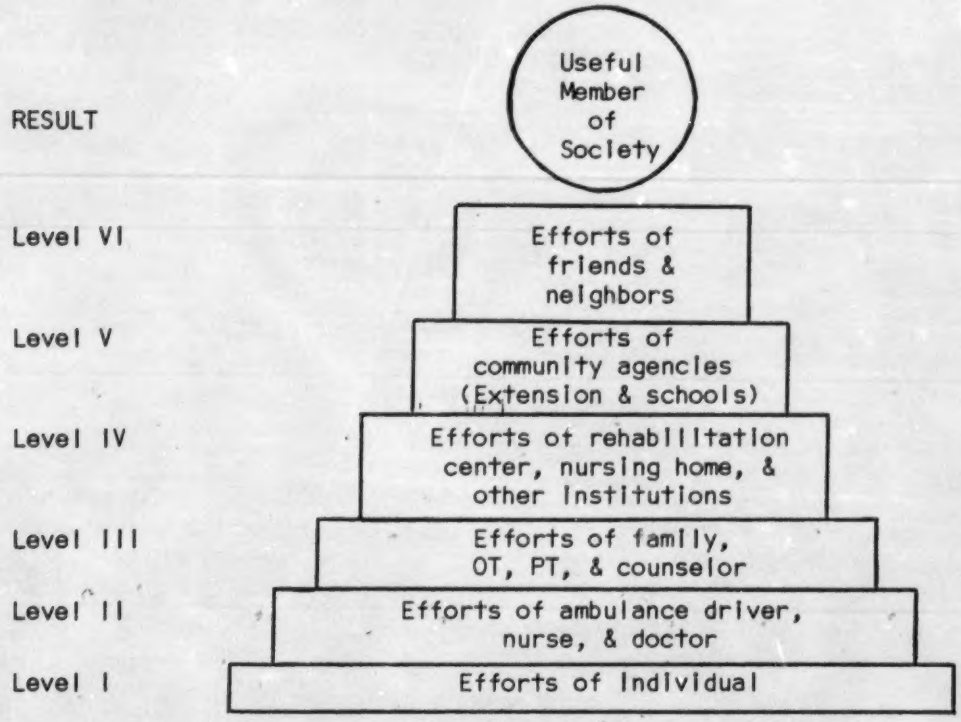
1. Material deprivation
   - A disabled father may mean a decrease in income.
   - A disabled mother may mean a decrease in services.
   - A disabled sibling may mean a decrease in emotional support for non-disabled siblings.
   - A disabled child may mean an increase in expenses.
   - A disabled elder may mean an increase in dependence on the family.
2. Great psychological strain.
3. Deprivation of resources such as time and energy.

WHERE does the Handicapped Person go for Help?

Eventually, a person who has become handicapped will return to his/her community and will need to know sources of help. Community members can serve a very important service by providing the type of aid that is needed. A simple service such as providing transportation to the local

grocery store for a handicapped neighbor can greatly increase the abilities of a handicapped individual.

The following is a model that can be used when identifying services that are available for handicapped individuals.



Use of the model is illustrated through the following example. Mrs. B (Level I) is involved in a car accident and is rushed to the hospital in an ambulance. At the hospital (Level II), the hospital personnel take care of her physical needs. However, as a result of the accident, she is permanently blind. At this point, Mrs. B's family becomes involved in the rehabilitation process (Level III). A rehabilitation counselor works with Mrs. B and her family and decides on a plan for Mrs. B to receive the type of training needed to restore her to the highest level of functioning. This

plan includes going to a rehabilitation center for training in how to move about her home and community safety (Level IV). At the conclusion of the training, she returns to her home and needs to know the type of services available to her (Level V). An example of a service may be that readers (people who will read outloud to the blind) are available from the local Extension homemakers club. Mrs. B. will also need services from good friends and neighbors (Level VI). As a result of the combined efforts of all these people, Mrs. B is now a useful member of her society.

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NATIONAL, STATE, AND LOCAL AGENCIES

Associations for Handicapped Persons

American Heart Association, 44 East 23rd Street, New York, NY 10010

The Arthritis Foundation, 1212 Avenue of the Americas, New York, NY 10036

Disabled Living Foundation, 346 High Street, Kensington, London, W.14, 8N.S., England

Federation of the Handicapped, 211 West 14th Street, New York, NY 10011

Muscular Dystrophy Associations of America, 1790 Broadway, New York, NY 10019

National Association of the Physically Handicapped, 2 Meetinghouse Road, Merrimack, New Hampshire 03054

National Association for Retarded Citizens, 2709 Avenue E, East, Arlington, Texas 76011

National Congress of Organizations of Physically Handicapped, 7611 Oakland Avenue, Minneapolis, Minnesota 55423

National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois 60612

National Foundation for Birth Defects (formerly the March of Dimes) Box 2000, White Plains, New York 10602

National Multiple Sclerosis Society, 257 Park Avenue, South, New York, NY 10017

National Odd Shoe Exchange, 1415 Ocean Front, Santa Monica, California 90401

National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601

National Rehabilitation Association, 1522 K Street, N.W., Washington, D.C. 20005

National Wheelchair Athletic Association, 40-42 62nd Street, Woodside, New York 11377

United Cerebral Palsy Association, 66 East 34th Street, New York, NY 10016

Rehabilitation Agencies

American Physical Therapy Association, 1156 - 15th Street, N.W., Washington, D.C. 20005

Kenny Rehabilitation Institute, 1800 Chicago Avenue, Minneapolis, Minnesota 55404

International Association of Rehabilitation Facilities, 5530 Wisconsin Avenue, Washington, D.C. 20015

International Society for the Rehabilitation of the Disabled, 219 East 44th Street, New York, NY 10017

Vocational Rehabilitation

American Occupational Therapy Association, 6000 Executive Boulevard, Suite 200, Rockville, Maryland 20852

Department of Health, Education, and Welfare, Rehabilitation Services Administration, Washington, D.C. 20201

Employment of the Handicapped (Address your state capitol)

Goodwill Industries of America, 9200 Wisconsin Avenue, Washington, D.C. 20014

State divisions of vocational rehabilitation.

Education

Association for Children with Learning Disabilities, 2200 Brownsville Road, Pittsburgh, Pennsylvania 15210

Clothing and Research Development Foundation, Inc., 48 East 66th Street, New York, NY 10021

The Council for Exceptional Children, 1411 S. Jefferson Davis Highway, Arlington, Virginia 22202

Department of Health, Education, and Welfare, Office of Education, Bureau of Education for the Handicapped, Washington, D.C. 20202; "Closer Look," Box 1492, Washington, D.C. 20036

National Rehabilitation Counseling Association, 1522 K Street, N.W., Washington, D.C. 20005

Public Affairs Pamphlets, 381 Park Avenue, South, New York, NY 10016

Public Health Service, Division of Chronic Diseases, U.S. Department of Health, Education and Welfare, Washington, D.C. 20201

State and local boards of education.

U.S. Office of Education, Division on Handicapped Children, Washington, D.C. 20202

U.S. Public Health Service, Office of Information, 5600 Fishers Lane, Rockville, Maryland 20852

Recreation

American Association for Health, Physical Education, and Recreation, Unit on Programs for the Handicapped, 1201 - 16th Street N.W., Washington, D.C. 20036

Camps: contact your state or local Society for Crippled Children and Adults (Easter Seal), Association for Retarded Citizens, or United Cerebral Palsy Association.

Indoor Sports Club, 1145 Highland Street, Napoleon, Ohio 43545

GLOSSARY OF TERMS

There are many terms used to describe disabilities and handicapping conditions. In order to understand the relationship between many of these terms, it is necessary to know their meanings.

The following is a selected list of terms that are often in everyday conversation, on television, on the radio, and in the newspaper. The definitions that have been used are very basic and are designed to help you gain a better understanding of disabilities and limitations that are found with handicapping conditions.

A.D.L. - Activities of Daily Living

Adventitious - Acquired or accidental especially when referring to the blind.

Amputation - The surgical removal of a limb or a portion of a limb.

Arteriosclerosis - Thickening or hardening of the arterial walls.

Arthritis - Inflammation of a joint.

Blindness - Legal blindness is considered to be 20/200 in the better eye with correction.

Cancer - A general term frequently used to indicate any of various types of malignant tumors or growths.

Cardiovascular - Pertaining to the heart and blood vessels.

Cerebral Palsy (C.P.) - Defect of motor power and coordination related to brain injury that is usually incurred before or during birth.

Cerebral Vascular Accident (CVA) - A stroke. An "accident" to or interference with the blood vessels that supply oxygen to the brain.

Congenital - Existing at or dating from birth.

Diabetes - A disease where the body produces no insulin or inefficiently uses the insulin to metabolize sugar. It is usually characterized by high levels of sugar in the blood and the excess sugar will appea in the urine.

Disability - A medically diagnosed disease, disease process, or trauma.

Epilepsy - A disorder characterized by seizures and associated with disturbances of electrical activity of the brain.

Handicap - A functional limitation due to a disability.

Hemiplegia - Muscle weakness of the right or left half of the body.

Mainstreaming - Incorporating handicapped students in the regular classroom.

Multiple Sclerosis (M.S.) - A disease of the central nervous system which occurs as a result of degeneration of the nerves of the brain and spinal cord.

Muscular Dystrophy (M.D.) - Chronic degenerative diseases of the muscular system characterized by progressive symmetrical muscular weakness. Heredity is a factor.

Occupational Therapist (O.T.) - A professional who uses various activities and exercises to help restore the physically or mentally disabled to the highest degree of functioning; works under the prescription of a doctor.

Paraplegia - Paralysis of half of the body, usually referring to the lower half including the legs, which is due to a spinal cord injury.

Physical Therapist (P.T.) - A professional who helps patients overcome neuromuscular disabilities through exercise, massage, heat, water, light, and electricity; works under the prescription of a doctor.

Poliomyelitis (Polio) - Inflammation of the spinal cord resulting in paralysis.

Quadraplegia - Paralysis of all four extremities due to a spinal cord injury.

Rehabilitation - Process of restoring the handicapped individual to the fullest physical, mental, social, vocational, and economic usefulness that is possible.

Tuberculosis (T.B.) - An infectious disease characterized by the formation of rounded nodules. The most common tissue affected is in the lungs.

Orthopedic - Pertaining to the deformities of the musculoskeletal system.

References

Dorland's Medical Dictionary. 21st Ed. Philadelphia: W. B. Saunders Co. 1968.

Stedman's Medical Dictionary. 22nd Ed. Baltimore: Williams & Wilkins Co. 1973.